MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

SERIAL NO.	
10/	CIMINA
I /()/	017017
A DPLICANT	(6)

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1*AMENDMENT		AFTER 2 ** AMENDMENT	
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CLAIMS			29			

PTO - 1360 (REV. 11/04)

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